

## Washington State Emergency Response Commission



Ecology Community Right-to-Know Unit PO Box 47659 Olympia, WA 98504-7659

COMMUNITY RIGHT-TO-KNOW NUMBER:	FACILITY NAME:	
(12 digits) WAD027514579	Pacific Recycling	
EMERGENCY CONTACT:	CONTACT PHONE:	
(b) (6), (b) (7)(C)	509.590.6053	
INCIDENT ADDRESS::	CITY, STATE, ZIP	
114 N. Ralph	Spokane, WA 99220	
INCIDENT DATE	COUNTY:	LEPC:
8 /12/15	Spokane County	Spokane Management
TIME OF VERBAL NOTIFICATION: Approximately 9:30 am PDT	INCIDENT #: (EMD/NRC) NRC# 1125658	
CHEMICAL RELEASED:	CAS NUMBER:	
To best of knowledge, it was a chlorine or cholorine-compound.	7 , 7 8 2	_ 5 0 _ 5
CHECK IF CHEMICAL IS LISTED IN 40 CFR 355	PHYSICAL STATE CONTAIN	NED:
[X]	□ solid □ liquid	gas
QUANTITY RELEASED:	PHYSICAL STATE RELEASED:	
(in pounds) <sub>Unknown</sub>		
TIME OF RELEASE:	☐ solid ☐ liquid DURATION OF RELEASE:	gas
Approximately 9:10 am PDT	odays ohours 2min	utes
ENVIRONMENTAL CONTAMINATION:		
☑ Air ☐ Water ☑ Ground ☐ Other		
DESCRIBE ACTION TAKEN: (Use additional sheets if needed.)		
PS&R immediately quarantined area and called 911. A notification was provided to the Dept. of Ecology, (b) (6), (b) (7)(C) PS&R worked with first responders to help the sick/injured. PS&R retained Clean Harbors Inc. (same day) to be on on-site for assessment and clean-up. First Responders relinquished the site to Clean Harbors Inc. the evening of August 12th. Clean Harbors performed assessment, sampling and decontamination activities until evening of August 15th, whereby they deemed site clean and relinquished back to PS&R. The decontaminated vessel that contained toxic gas has been retained by PS&R for on-going investigation.  The chemical was unknown at the time of release. To the best of PS&R's knowledge and according to the Spokane fire department it was chlorine or chlorine compound. PS&R notes the scrap dealer who owned the cylinder delivered to PS&R said it contained acetylene baking soda. This was inaccurate.		

KNOWN OR ANTICIPATED HEAL	TH EFFECTS:	
ACUTE/IMMEDIATE (EXPLAIN)	Respiratory ailments by at least five workers at the facility. One fatality, resulted	
CHRONIC/DELAYED	Unknown	
□ NOT KNOWN		
ADVICE REGARDING MEDICAL A	ATTENTION NECESSARY FOR EXPOSED INDIVIDUALS:	
Defer to First Responders and Medical Experts.		
COMMENTS:		
Internal and external investigations seeking further information are pending.		
CERTIFICATION: I certify under information submitted and that it		
REPORTING FACILITY REPRESENTA	(b) (6), (b) (7)(C)	
SIGNATURE OF FACILITY REPRESENTATIVE		

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